

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

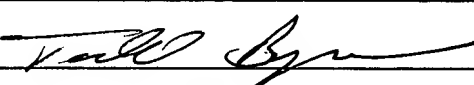
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.


|   |                      |                             |           |
|---|----------------------|-----------------------------|-----------|
| <h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p> | Application Number   | 09/936,640 (PCT/US00/40039) |           |
|   | Filing Date          | 16 March 2000               |           |
|   | First Named Inventor | Arjun Selvakumar et al.     |           |
|   | Group Art Unit       |                             |           |
|   | Examiner Name        |                             |           |
| Total Number of Pages in This Submission  | 9                    | Attorney Docket Number      | IO-1012US |

| ENCLOSURES (check all that apply)  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> Second Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><b>1) Amendment Transmittal;</b><br><b>2) \$216.00 Check;</b><br><b>3) Return Postcard</b> |
| Remarks  |   | <p>The Commissioner is authorized to charge any over payment or credit any under payment deemed associated with this communication to Deposit Account No. 13-0010 (IO-1012US).</p>  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | TODD A. BYNUM, Registration No. 39,488  |
| Signature               |  |
| Date                    | December 5, 2001  |

## CERTIFICATE OF MAILING

|   |   |      |                  |
|---|---|------|------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <span style="border: 1px solid black; padding: 2px;">12/05/01</span> |   |      |                  |
| Typed or printed name   | LEE BREVARD   |      |                  |
| Signature   |  | Date | D cember 5, 2001 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

I hereby certify that this correspondence, along with any referred to as attached or enclosed, is being deposited with the United States Postal Service on December 5, 2001 as First Class Mail, postage prepaid, in an envelope addressed to: Attn: Box PCT, Assistant Commissioner of Patents, Washington, DC 20231.

**Lee Brevard**


~~~~~

|                                    | Claims Remaining After Amendment |   | Previously Paid For |   | Number Extra |   | Rate  |   | Additional Fees |
|------------------------------------|----------------------------------|---|---------------------|---|--------------|---|-------|---|-----------------|
| Total Claims                       | 37                               | - | 25                  | = | 0            | x | \$18  | = | \$216.00        |
| Independent Claims                 | 3                                | - | 3                   | = | 0            | x | \$84  | = | 0               |
| Multiple Dependent Claims (if any) |                                  |   |                     |   |              | + | \$280 | 0 | 0               |
| Total Fees                         |                                  |   |                     |   |              |   |       |   | \$216.00        |

4. A check in the amount of \$216.00 is enclosed to cover the fees for additional claims as set out above.
5. The Commissioner is authorized to charge any under payment or credit any over payment to Deposit Account No. 13-0010 (IO-1012US). A duplicate of this sheet is enclosed.

Respectfully submitted,

Date: December 5, 2001

  
\_\_\_\_\_  
Todd A. Bynum  
Registration No. 39,488  
MADAN, MOSSMAN, & SRIRAM P.C.  
2603 Augusta, Suite 700  
Houston, Texas 77057-5640  
Telephone: 713/266-1130  
Facsimile: 713/266-8510